



A Medical Clearance Form for the Doctor of Dental Surgery Program (International Program), Faculty of Dentistry, Mahidol University for Academic Year 2021

Part 1 Eligible Applicant Information

HN:

Name: Medical Examination Date:

Identification No. / Passport No.: Application No.:

Address:

.....

Mobile No.: E-mail:

Emergency contact: Mobile No.:

To show the medical clearance results for admission to the Doctor of Dental Surgery Program (International Program), Faculty of Dentistry, Mahidol University for academic year 2021, I hereby certify that the above information is true.

I hereby to confirm that now I do not have the following conditions.

- Psychosis
- Communicable diseases
- Non-communicable diseases
- Physical deformities.
- Hearing impairment
- Visual impairment
- Total color blindness
- Alcoholism
- Epilepsy
- Drug Addiction
- Leprosy
- Other illnesses or disabilities

Applicant's Signature.....

(.....)

Part 2 Physician Information

Name: Medical Examination Date:

Medical License Code:

Hospital Address:

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Have taken a physical examination to Mr. / Miss.....

on..... with the results of the examination as follows.

Note: Misinformation and fraudulent examination will result in the cessation of students.



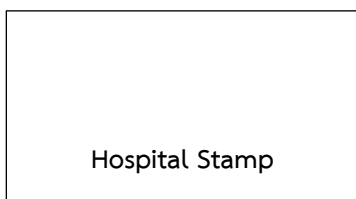
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Form with 7 main sections: 1. Gender, 2. Eye exam, 3. Hearing, 4. General appearance, 5. CXR, 6. Blood tests, 7. Audiometry. Includes checkboxes for normal/abnormal and a box for hospital stamp.

Physician's conclusion of opinion and recommendations

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Physician's Signature
(.....)
Medical License Code
Hospital

Note: *Please attach the examination results: CXR (report and Film or CD), Blood exam, Eye exam, Audiogram and other)